

**BILLING FOR SPECIAL SERVICE COSTS FOR STATE-PLACED STUDENTS
WHO ARE NOT SPECIAL EDUCATION ELIGIBLE
SCHOOL YEAR 2009 - 2010**

Check off where you would like payment made :

☐ **Reporting entity:** _____

☐ **SU Number:** _____

Student Name	DOB	State ID#	Description of Services	Begin Date	End Date	Cost of Service

Local Education Authority Signature: _____

Date: _____

☐ **Copy of Bill and Documentation of payment attached**

FOR DEPARTMENT USE ONLY		
FINANCE CODES	<input type="checkbox"/> Request Received & in file	<input type="checkbox"/> Proof of payment attached
20205-510005000-51192010-0520	<input type="checkbox"/> Plan Received & in file	<input type="checkbox"/> Commissioner Letter Attached for Finance
3209-_____-10-00	<input type="checkbox"/> Commissioner Approved	